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ABSTRACT

This generously annotated bibliography of books, reports, and journal articles is divided into the following subject areas: 1) Demography and Social Science; 2) Human Reproduction and Fertility Control; 3) Family Planning Programs; 4) Population Policy; and, 5) General. Throughout these areas are works on demography and population control in foreign countries, such as Latin America, Thailand, India, and Pakistan. Several items on various aspects of abortion are included. There are 36 entries in all. (SO 001 850 and ED 049 101 are earlier numbers in the same series.) (JLB)

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Current Publications in Population/Family Planning

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Number 15 *August 1971*

Demography and Social Science

Bumpass, L. L. and C. F. Westoff. *The Later Years of Childbearing*. Princeton University Press, 1970. 168 pp. 15-1

The final volume in the series of the Princeton Fertility Study, contains the results of the third and final round of interviews conducted over a five-year period (1963–1967) with 814 women who, on the average, were 35.6 years of age, had been married 14.2 years, and had given birth to their last child 5.4 years earlier. Examined in the chapters are the stability of the number of children desired, factors associated with the timing of births, the predictive value of desired family size, contraceptive effectiveness as a function of the achievement of desired family size, the influence of certain social and psychological factors, fertility as a career contingency, and reliability of retrospective data on fertility and fertility control.

Goldstein, Sidney. "Urbanization in Thailand, 1947–1967." *Demography*, 8 (2): 205–223. May 1971. 15-2

"Utilizing both census and population-register data for 1947–1967, this analysis assesses changing levels and rates of urbanization in Thailand, compares regional variations in urbanization patterns, and relates such differences to selected indicators of economic and demographic development. Although the overall level of urbanization remains low, the rate of urbanization is high and the increase in the number of moderate sized urban places significant. Greater Bangkok, accounting for over half of Thailand's urban population and almost two thirds of all urban growth, has increased in primacy in Thailand's urban structure. But urban development has also begun to permeate all regions of the country and to be an important factor in the complex process of national, social and economic development." (Author's abstract.)

Jaffe, A. J. "Notes on Family Income Distribution in Developing Countries in Relation to Population and Economic Changes." Forthcoming in *Estadistica*. 21 pp. 15-3

"To what extent, if any, is family income becoming more equitably distributed and less concentrated in less developed countries which are experiencing large economic growth?" Since social, economic, and political conditions interact to determine changes in income distribution over time, and since in most countries relevant statistics are poor or nonexistent, the study was limited to five developing countries with adequate data: Argentina, Iran, Mexico, Panama, and Puerto Rico. Gini Indices of Concentration were calculated and the data referred to two reference points about ten years apart beginning in the early 1950s. With the exception of Argentina and Puerto Rico, population growth rates were about 3.0 percent annually. All but Argentina experienced relatively high rates of economic growth over the period considered, generally in the range of 6 percent annually. Yet for each country the Gini Index of Concentration indicated very little change in concentration of family income over the period; certainly there was no discernible trend toward more uniform distribution. Examination of the shares of income by fifths and thirds (highest through lowest) indicated that in Argentina, Panama, and Puerto Rico the wealthier groups gained slightly while the poorer groups lost relatively. There was little change in Iran and Mexico. Intercountry comparisons and comparisons of the large cities indicated that Mexico had the least uniform distribution of family income. In sum, income inequality has not narrowed in developing countries within recent decades and probably will not for at least several decades into the future.

Phillips, Nancy. "The Prevalence of Surgical Sterilization in a Suburban Population." *Demography*, 8 (2): 261–270. May 1971. 15-4

"This report presents data on the prevalence of tubal ligations, vasectomies and remedial sterilizing operations among white couples, with wife aged 20–54, who subscribe to a prepaid medical care program and live in a suburban area near San Francisco. Contraceptive operations, more than two thirds of which were male vasectomies, were found among 23 percent of these couples. Some form of sterilizing surgery (contraceptive or remedial) was found among 31 percent. The prevalence of surgical sterilization, specifically vasectomies, in this population is high compared with that found across the nation and in the western states in the 1965 National Fertility Study. The prevalence of tubal ligations and vasectomies increases with the parity of the wife, has a marked inverse relation with education, and is highest when neither husband nor wife is Catholic." (Author's abstract.)

***Population*, Special Issue, 26: 274 pp. March 1971. 15-5**

This special issue of the journal *Population* is devoted to the demographic situation in North Africa. It includes: three articles on Algeria covering employment, population characteristics and preliminary results of the Algerian sociodemographic survey; one article on Morocco analyzing the relations between factors of modernization and contraceptive practice; five articles on Tunisia presenting results on several demographic topics: population growth, internal migrations, elementary and secondary education, family planning, and the national demographic survey.

Sanghvi, L. D. "Changing Patterns of Caste in India." *Social Biology*, 17 (4): 299–301. December 1970. 15-6

Social change is affecting the caste system in India. Attitudes toward rituals associated with birth, marriage, and death have begun to change as have attitudes about food taboos and the transmission of pollution between castes. Education, improved means of communication, universal suffrage and a concomitant enlargement of political consciousness are considered responsible for these changes. The data discussed in the article, however, deal with mating patterns in Kerala and West Bengal. In Kerala, only four of 662 Hindu marriages were intercaste marriages whereas 32 percent of 318 Christian and Muslim marriages were mixed in origin. A second study of a sample of 3,000 marriages in West Bengal revealed that nine of the marriages were intercaste marriages. The Ministry of Family Planning is attempting to encourage intercaste marriages, and Tamilnad State promotes them by awarding gold medals to the spouses of such unions.

Changes in occupational status are occurring at a more rapid rate. The census of 1901 indicated that 33 percent of the Brahmans in the labor force were engaged in traditional occupations as opposed to 19 percent in 1931. A 1947 study of a village in West Bengal substantiates this trend. Of 86 high-caste Brahmans, Vaidyas, Rajputs, and Kayasthas in the village, only eight were working in traditional occupations. Upper-caste Brahmans, Vaidyas, and Kayasthas make up 12–15 percent of the population of West Bengal, but these groups constituted 43 percent of the Hindu labor force of a large leather factory in Calcutta, the capital city. Traditionally, leather working was looked down upon as an occupation. Now, however, processed leather products are important export items, and the lure of lucrative employment has in this instance overcome an ancient taboo.

1

Spencer, Geraldine M. "Fertility Trends in Australia." ***Demography,*** **8 (2): 247–259. May 1971. 15-7**

"Using published data from the Australian vital registration and census systems, several time series are compiled: crude birth rates from the 1860s; fertility rates from the 1880s; age-specific and parity-specific measures from the 1910s; cumulative fertility measures by birth year of parent beginning with the 1890s; and cumulative fertility measures for marriages by year contracted from the 1910s. The decline in fertility to the 1930s, the upswing to 1961, and declines thereafter revealed by annual fertility measures show far more variation than do measures of total generation fertility—2.7 children per woman born in 1893–1895, 2.3 for 1906–1910, 2.8 for 1921–1925, and perhaps 3.0 for women born in the 1930s. Both annual and generation measures show a younger age at parenthood, a decrease in childlessness, and progressively fewer large families. In the light of present experience, it seems not unreasonable to project generation fertility of 2.5 children, implying a crude birth rate of about 20 per thousand for the next 15 years or so." (Author's abstract.)

Weller, Robert H., John J. Macisco, Jr., and George R. Martine. "The Relative Importance of the Components of Urban Growth in Latin America." ***Demography,*** **8 (2) 225–232. May 1971. 15-8**

"Four generalizations are made: (1) Despite the varying interpretations made by the respective authors, previous studies indicate that urban growth in Latin America is caused by both rural-urban migration and a positive rate of natural increase. Thus to ascribe Latin American urban growth to a single prime causal factor is a misleading oversimplification. (2) Net in-migration apparently plays a larger role in determining the rate of growth of large metropolitan centers than is the case with smaller urban areas. (3) A significant portion of urban growth in a given intercensal period may be attributed to the growth of localities previously too small to be classified as 'urban.' (4) Urban natural increase is the weighted sum of the natural increase of in-migrants (after their arrival) and urban natives. Improper recognition of this last point may lead to an overstatement of the relative importance of urban natural increase as a component of urban growth." (Authors' abstract.)

Human Reproduction and Fertility Control

Cohen, M. R., M. B. Taylor, and M. B. Kass. "Interval Tubal Sterilization via Laparoscopy." ***American Journal of Obstetrics and Gynecology,*** **108: 458–461. 1 October 1970. 15-9**

A simplified method of tubal sterilization in conjunction with laparoscopy was performed on 50 women at the Michael Reese Hospital and Medical Center in Chicago. The advantages of the procedure are: (1) the period of hospitalization is brief; (2) the patient has a short general or local anesthesia; (3) there is little or no postoperative discomfort; (4) the miniature incisions leave no unsightly scars; and (5) good visualization of all the pelvic organs can be obtained while performing this procedure.

Diczfalusy, E. and U. Borell (eds.). ***Control of Human Fertility: Proceedings of the Fifteenth Nobel Symposium Held May 27–29, 1970 at Södergarn, Lindingö, Sweden.*** **John Wiley & Sons, 1971. 354 pp. 15-10**

Eighteen papers discuss the latest developments in contraceptive steroids, the present state of knowledge of the various factors influencing fertilization and implantation, the newest methods for controlling fertility by various intrauterine devices, chemical and immunological approaches, the most recent advances in stimulating ovarian function in the human, problems related to induced abortion, and health aspects of various fertility-controlling agents.

Dollen, Charles. ***Abortion in Context: A Select Bibliography.*** **The Scarecrow Press, Inc., 1970. 150 pp. 15-11**

A list of 1,396 references arranged alphabetically by author, title, subject, and source. Included are items on "marriage, family, contraception, the sexual revolution, and the very vocal opposition." The books and articles are all in English and reasonably available to American scholars and libraries. Most of the references were published in the period 1967 to 1969 but some older and still pertinent material is also included.

Embrey, M. P. "Induction of Abortion by Prostaglandins E_1 and E_2." ***British Medical Journal,*** **2 (5704): 258–260. 2 May 1970. 15-12**

"Intravenous infusions of prostaglandin E (E_1 and E_2) were used for termination of pregnancy in 11 patients. Induction of abortion was successful in nine instances, and in eight the abortion was complete. No undesirable side effects were recorded." (Author's abstract.)

Karim, S. M. M. "Use of Prostaglandin E_2 in the Management of Missed Abortion, Missed Labor, and Hydatidiform Mole." ***British Medical Journal,*** **3 (5716): 196–197. 25 July 1970. 15-13**

"Treatment of six cases of missed abortion and one case of hydatidiform mole with intravenous infusion of prostaglandin E_2 resulted in complete abortion in all cases. Of 15 patients with missed labor, 14 were delivered successfully with similar treatment. The technique appears to be a safe, reliable, and rapid method of managing missed abortion, missed labor, and hydatidiform mole." (Author's abstract.)

Karim, S. M. M. and S. D. Sharma. "Oral Administration of Prostaglandins for the Induction of Labor." ***British Medical Journal,*** **1 (5743): 260–262. 30 January 1971. 15-14**

"Prostaglandins E_2 and $F_{2\,alpha}$ administered by mouth were used to induce labor in 100 patients between 35 and 44 weeks of gestation. The usual effective dose of prostaglandin E_2 was 0.5 and of $F_{2\,alpha}$ 5 mg. These were repeated every two hours until labor was established. Induction was successful in 79 out of 80 women treated with oral prostaglandin E_2 and in 16 out of 20 women treated with $F_{2\,alpha}$." (Authors' abstract.)

Lansing, A. M. "Hypertension in Young Females Receiving Anovulatory Steroids." ***Annals of Surgery,*** **171: 731–734. May 1970. 15-15**

Case histories of four young hypertensive women who underwent investigations of adrenal and renal function with no abnormalities. All were taking oral-contraceptive medication, and, in each, the blood pressure returned to normal when the medication was discontinued. "The rapid resolution of the blood-pressure increase after medication is withdrawn suggests a cause-and-effect relationship, particularly when it can be demonstrated to recur with reinstitution of the therapy. . . . It is important that physicians who prescribe these medications recognize this complication and also that those involved in treating hypertension be aware of the possibility."

Lippes, J. and J. G. Feldman. "A Five-Year Comparison of the Continuation Rates Between Women Using Loop D and Oral Contraceptives." ***Contraception,*** **3 (3): 313–326. May 1971. 15-16**

Data from the Buffalo Planned Parenthood Center are used to compare cumulative pregnancy rates and continuation rates for the Lippes loop D and oral contraceptives in women matched for age and parity. Except for women with five or more children, in virtually all instances the pregnancy rate for orals was lower than that for the IUD. Women with only one child showed better continuation rates with the pill, whereas the IUD continuation rate for women with two or more children exceeded that of women using pills. It is believed that the pill is preferable for short-term contraceptive needs of about a year, whereas the IUD provides better protection for longer periods.

Olsen, C. E., H. B. Nielsen, and E. Østergaard. "Complications to Therapeutic Abortions." ***International Journal of Gynecology and Obstetrics,*** **8: 823–829. November 1970. 15-17**

A study based upon 27,435 abortions reported to the Danish National Health Service during 1961–1966. During the period, nine deaths occurred, making a mortality rate of 0.03 per 100. The average complication rate was 4.7 per 100 and it increased with the duration of pregnancy. The most commonly reported complications were adnexitis (1.3 percent), vaginal hemorrhage (1.2 percent), and fever (1.1 percent). By method, the highest complication rates were associated with puncture of the ovum (10.9 percent), dilatation and evacuation (5.4 percent), dilatation by laminaria and evacuation (4.9 percent) instillation of saline (4.5 percent), and abdominal hysterotomy (2.5 percent). Dilatation and suction was the most frequently used procedure (8,684 cases), followed by instillation of saline (6,940) and abdominal hysterotomy combined with sterilization (6,544).

Otani, Y., H. Ino, S. Inoue, and T. Kagkami. "Immunization of Human Female with Human Sperm and Semen." ***International Journal of Fertility,*** **16: 19–23. January–March 1971. 15-18**

Thirteen women were treated with preparations containing either lyophilized sperm, diluted seminal plasma, or seminal plasma globulin. Serious side effects were noted in

patients receiving the seminal plasma whereas those receiving the globulin experienced virtually none. Antibodies were found in the serum of eight patients but in less than one month the antibody titers dropped to undetectable levels. Therefore, although an immunological response to seminal protein occurred in most of the patients, the short half-life of the antibody titers would preclude any immediate use of this procedure for contraceptive practice.

Potts, D. M. "Postconceptive Control of Fertility." ***International Journal of Gynecology and Obstetrics,*** **8 (6) Part 2: 957–970. November 1970. 15-19**

Induced abortion is one of the oldest and most widespread forms of fertility control. In moving toward the goal of family planning, many societies appear to resort to induced abortion, when the need arises, in an attitude of indifference to the law and cultural standards. As contraceptive practice spreads through a community, there may be an increase in induced abortion when the community begins to initiate any form of family planning. The incidence of abortion in several countries and several models illustrating the relation between abortion and contraception are presented. The abortion rate is likely to increase in many parts of the world when the present high birth rates begin to fall. Since contraception and abortion are complementary, and reversible methods of contraception in current use are not sufficiently predictable to allow a lifetime control of fertility, women will resort to abortion to secure the desired pattern of family building.

Sahvi, S. C. and D. L. Moyer. "Antifertility Effects of the Intrauterine Foreign Body." ***Contraception,*** **2: 1–28. July 1970. 15-20**

Studies in humans and in experimental animals show significant tissue and biochemical changes resulting from the presence of an intrauterine foreign body (IUFB), which vary by species, the type of IUFB, and the experimental design. The changes are primarily localized in the female genital tract, although systemic effects were reported in several species. The inflammatory cells produced by the IUFB in all species and the associated biochemical changes in the uterus may be the underlying cause of the antifertility effect of the IUFB. Contains 158 bibliographic references.

Scutchfield, F. D., W. N. Long, B. Corey, and C. W. Tyler. "Medroxyprogesterone Acetate as an Injectable Female Contraceptive." ***Contraception,*** **3: 21–35. January 1971. 15-21**

"A total of 723 patients began receiving depo-medroxyprogesterone acetate (DMPA), 150 mg every three months, in the 21-month period from April 1967 to January 1969. This medication is a long-acting parenteral female contraceptive agent. One pregnancy occurred. Seventy-three women who subsequently had tubal ligation or hysterectomy were excluded from the analyses of continuation of DMPA. At 12 months 56.8 women per 100 and at 18 months 49 per 100 were continuing use of the medication. Irregular vaginal bleeding was the major medical reason for discontinuing use. Normal menses had not resumed within one year in 24 percent of the women discontinuing DMPA. This medication has an application in family planning practice for women who do not plan to have more children." (Authors' abstract.)

Sturtevant, F. M. and R. B. Wait. "Escape Ovulation and Unplanned Pregnancy." ***Contraception,*** **3: 133–136. February 1971. 15-22**

Accidental pregnancies among women using oral contraception may be due in part to a medication-free period between cycles of sufficient duration to allow recovery of the suppressed hypothalamic-pituitary-ovarian axis, resulting in so-called "escape ovulation." Women following the prescribed regimen may have as many as ten medication-free days. Theoretically escape ovulation could occur within so long a time, especially in women with short or variable menstrual cycles. This study covered 3,361 women with 26,686 cycles of use who had 12 unplanned pregnancies not associated with gross omissions of tablets.

Weir, R. J., E. Briggs, J. Browning, A. Mack, L. Naismith, L. Taylor, and E. Wilson. "Blood Pressure in Women After One Year of Oral Contraception." ***The Lancet,*** **1 (7697): 467–470. 6 March 1971. 15-23**

"In a prospective study of 66 women taking oral contraceptives, systolic blood pressure increased in 50 cases after a year, the mean rising significantly by 6.6 mm Hg. Mean diastolic pressure did not change significantly and in no case did the blood pressure rise to 140/99 mm Hg or more. A control group of 21 women using cervical diaphragms or intrauterine contraceptive devices showed no significant change in either systolic or diastolic blood pressure during the same period." (Authors' abstract.)

Wolfers, Helen. "Psychological Aspects of Vasectomy." ***British Medical Journal,*** **(5730): 297–300. 31 October 1970. 15-24**

"In a study to assess the psychosocial and sexual effects of contraceptive vasectomy by questionnaire and personal interview, ten out of 82 respondents indicated psychological problems arising from the operation. Five out of seven couples interviewed had histories of marital, sexual, or psychological instability. Screening of applicants for vasectomy is therefore recommended, preexisting instability being a contraindication to the operation." (Author's abstract.)

World Health Organization. ***Spontaneous and Induced Abortion: Report of a WHO Scientific Group.*** **Technical Report Series, No. 461, Geneva, 1970. 51 pp. 15-25**

Contains sections on definitions; sources of data, such as vital and hospital statistics and retrospective and prospective surveys; statistical analysis, including abortion rates and ratios and use of life tables techniques; such aspects of spontaneous abortion as incidence, etiology, and pathogenesis; ectopic pregnancy and hydatidiform mole; motives, indications, incidence, techniques, and government regulations with regard to induced abortions; early and late complications and comparative risks to life associated with the avoidance of unwanted pregnancies; and research recommendations in the areas of spontaneous abortion, ectopic pregnancy and hydatidiform mole, induced abortion, and services to research, including the establishment of a reference center.

Zipper, J. A., Howard J. Tatum, M. Medel, L. Pastene, and M. Rivera. "Contraception Through the Use of Intrauterine Metals. I. Copper as an Adjunct to the 'T' Device." ***American Journal of Obstetrics and Gynecology,*** **109: 771–774. March 1971. 15-26**

The clinical evaluation of a "T" shaped IUD bearing copper wire is compared with results from the use of the Lippes loop D. Pregnancy rates per 100 women-years for the "T" device with copper surface areas of 0, 30, 120 and 200 mm² are 18.3, 4.9, 2.0 and 0.0, respectively, revealing that the antifertility effect depends upon the amount of copper present. Continuation rates exceeded 90 percent for the IUDs with 120 mm² and 200 mm² of copper, indicating the low occurrence of side effects with the "T" device.

Family Planning Programs

Cartwright, Ann. ***Parents and Family Planning Services.*** **Atherton Press, 1970. 293 pp. 15-27**

A study conducted between October 1967 and May 1968 focusing on the parents of a random sample of legitimate newborns in 12 areas of England and Wales. Interviews were held with 1,495 mothers and 257 fathers about their contraceptive practices, their attitudes toward different methods of birth control, and their opinions of, and experiences with, different types of family planning services. Professionals and employees of family planning clinics were interviewed to get their views and practices. Responses and results are set forth in 96 tables throughout the text. Chapters discuss the influence of religion, social class, education, geographic location, and the future; possible changes in contraceptive habits and the ways in which services can develop to help more women avoid unwanted pregnancies. Eight appendices contain 19 tables and 76 references, and a nine-page index follows.

Family Planning Association of Pakistan. "Family Planning in Industrial Units." ***Birthright,*** **5 (3–4): 3–5. 1970. 15-28**

A survey to ascertain the extent of the knowledge, attitude, and practice of family planning was conducted in three industrial areas by the Family Planning Association of Pakistan with the cooperation of the Government of Pakistan Family Planning Division. Among the findings were: (1) 70 percent of the respondents had knowledge of family planning methods; (2) knowledge of family planning and level of education were closely associated; (3) vasectomy was the best known method of contraception, followed by tubal ligation, plastic coil, and condom, in that order. Of the 1,349 respondents, however, only 4 percent were currently using contraception. It was recommended that motivational centers with full family planning services be established within the medical clinics of the three industrial units, and that eligible couples be registered for easy identification for follow-up purposes.

Hoque, Z. "Religion of Islam on Family Planning." ***Family Planning News,*** **11: 3–6. April–May 1970. 15-29**

According to the Holy Koran, traditions of the Prophet Muhammad, and opinions of their learned men, Muslims are advised to delay their marriages until they can afford

to support their families and "to have children wisely up to their optimum needs only." It is noted that: (1) a statement stressing the urgency of population planning, issued by the United Nations, bears the signatures of 19 world leaders including the heads of six Muslim governments; (2) the International Islamic Conference held in Kuala Lumpur in April 1969 approved the practice of family planning by the Muslim world; and (3) a number of Muslim countries have taken up family planning as a national program. "Men-in-authority among the Muslims are now lending their support towards the family planning programme."

Rochat, Roger W., Carl W. Tyler, Jr., and Albert K. Schoenbucher. "The Effect of Family Planning in Georgia on Fertility in Selected Rural Counties," in Sobrero, A. J. and R. M. Harvey (eds.), *Advances in Planned Parenthood (v. 6): Proceedings of the Eighth Annual Meeting of the American Association of Planned Parenthood Physicians, Boston, Mass.* Excerpta Medica International Congress/Series No. 224, 1971. pp. 6–14. 15-30

The authors evaluate fertility trends in seven rural Georgia counties having active family planning programs for two or more years before 1 January 1968 and compare these to seven matched control counties. Matching was done on geographical location, racial distribution and population—all under 21,000 in 1960. White and Negro fertility in Georgia declined between 1960 and 1968. In 1966–1968, however, Negro fertility declined more in control and study areas, but the decline was nearly three times greater in study counties than in control counties. Negro fertility declined more in all seven age groups in the study area than in the control area, the decline amounting to more than 50 percent for women 25–39. A marked decrease in high-birth-order births and increase in first births for Negroes in the study area in 1966–1968 supports the contention that family planning programs helped accelerate a decline in fertility in the study area.

Sobrero, A. J. and R. M. Harvey (eds.). *Advances in Planned Parenthood (v. 6): Proceedings of the Eighth Annual Meeting of the American Association of Planned Parenthood Physicians, Boston, Mass.* Excerpta Medica International Congress/Series No. 224, 1971. 180 pp. 15-31

Twenty-four papers fall under six major headings: (1) community and hospital family planning programs, including such topics as the role of the federal government and voluntary agencies and initiation of contraception immediately postpartum; (2) problems of social and preventive medicine, including a study of attitudes and knowledge in a low-income population and factors associated with early and late fetal loss; (3) intrauterine contraception; (4) hormonal contraception, including the influence of a sequential oral contraceptive on carbohydrate metabolism, safety of oral contraceptives, and clinical experience with a daily low dose of chlormadinone acetate; (5) other contraception, including male contraception, a vasectomy service within a Planned Parenthood clinic, and demand for surgical sterilization among women in Spanish Harlem; and (6) abortion, specifically on the impact of the British Abortion Act of 1967 on the practice of medicine, therapeutic abortion without hospitalization, and the effect of abortion legislation in Maryland.

United Nations Economic Commission for Asia and the Far East. *Report of the Regional Seminar on Evaluation of Family Planning Programmes, Held at Bangkok, Thailand, 24 November–12 December 1969.* New York, 1970. 95 pp. 15-32

The report defines concepts and terms and discusses methods for obtaining data on acceptance and use of family planning methods; recommends a core list of tabulations, trend studies based on routine program statistics, and follow-up surveys to obtain data on continuation, use, and use-effectiveness; describes methods and problems of measurement fertility levels and trends, and effects in terms of births averted; assesses health and economic benefits of a family planning program and role of the computer in family planning evaluation and research; and discusses the criteria for a national statistical system for the evaluation of family planning programs. The recommendations of subcommittees include lists of top-priority research studies, methods and contents of training programs for various levels of family planning workers, and needed equipment and financial support. The report contains selected papers and suggested references.

Population Policy

Hindell, K. and M. Simms. *Abortion Law Reformed.* Peter Owen, 1971. 269 pp. 15-33

An account of the events leading up to and following passage of the Abortion Act of 1967 in the United Kingdom discusses the reports and attitudes toward the abortion bill of various special interest groups, including the Association for Abortion Law Repeal and the Society for the Protection of Unborn Children. It is suggested that one way of alleviating the shortage of beds available for abortion in some National Health Service hospitals would be to change the traditional demarcation lines between obstetric and gynecologic services. "The reduction in the birth rate in the mid-1960s and the reduction and the length of stay in hospitals of maternity cases resulted in empty maternity beds in many hospitals, which could not, however, be filled by abortion patients, because abortions were allocated to separate wards."

Simon, Julian L. "The Per-Capita-Income Criterion and Natality Policies in Poor Countries." *Demography*, 7 (3): 369–378. August 1970. 15-34

"Discussions of birth rates in less developed countries (LDCs) are almost always couched in terms of income per-capita or per-consumer-equivalent. A decrease in population growth rate is said to lead to a higher per-capita income (PCI) than would occur with a higher birth rate, and therefore a lower birth rate is advocated. This runs the danger of choosing a course of action that people really do not want. A static analysis of a PCI criterion leads to an optimum which is quite unacceptable. One can raise the PCI of any given group by getting rid of all small subgroups that have a lower PCI. Static analysis is not directly relevant to those problems of LDCs because the relevant control variable is the birth rate. This paper explores some of the ramifications of different birth rates. The general conclusion is that per-capita income alone cannot be a satisfactory criterion for a rational national natality policy. At best it can be but one factor to be taken into consideration in such a policy decision." (Author's abstract.)

World Health Organization. "Abortion Laws: a Survey of Current World Legislation." *International Digest of Health Legislation*, 21: 437–512. 1970. 15-35

This general survey of abortion legislation covers indications and contraindications, authorities responsible for decisions regarding abortions, reporting and recording of abortion provisions applicable to nonresidents in countries that have adopted liberal legislation, and requirements as to establishments where legal abortions may be performed. It discusses laws on abortions in countries of Africa, America, Asia, Europe, and Oceania.

General

Mogey, John. "Sociology of Marriage and Family Behavior, 1967–1968: A Trend Report and Bibliography." *Current Sociology*, 17 (1–3): 364 pp. 1969. 15-36

This bibliography of 2,090 items related to marriage and family behavior contains books and articles published in 1967 and 1968. They deal with all countries except the United States and are arranged by region, country, and subject. Two sections particularly relevant to population and family planning are titled "Reproductive Fertility: Differential Fertility" (133 items) and "Reproductive Behavior: Birth Control" (84 items).

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245 Park Avenue, New York, New York 10017

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